



# "FREE" TRIAL EVALUATION FORM

CUSTOMER/HOSPITAL \_\_\_\_\_

CUSTOMER "NO-CHARGE" PO # \_\_\_\_\_  
 (For package tracking and delivery only)

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

SHIP TO: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## INSTRUMENT CATEGORY

**PLEASE DO NOT EXCEED (15) INSTRUMENTS**

<u>GENERAL/OB/GYN</u>		<u>NEURO/ORTHOPEDIC</u>		<u>MICROSURGICAL</u>		<u>CARDIOVASCULAR/THORACIC</u>	
ITEM	QTY.	ITEM	QTY.	ITEM	QTY.	ITEM	QTY.
SCISSOR		RONGEUR		SCISSOR		C-V SCISSOR	
NEEDLEHOLDER		CURETTE		NEEDLEHOLDER		C-V NEEDLEHOLDER	
RETRACTOR, HAND HELD		OSTEOTOME/GOUGE		FORCEP		C-V CLAMP	

**TOTAL INSTRUMENTS SENT**

ETCHING/COLOR CODING INSTRUCTIONS \_\_\_\_\_

CUSTOMER COMMENTS/SPECIAL INSTRUCTIONS \_\_\_\_\_

DATE \_\_\_\_\_

REPRESENTATIVE SIGNATURE \_\_\_\_\_

**SHIP TO:** Five Star Surgical, 163 Samuel Barnet Blvd., New Bedford, MA 02745 PH: (508) 998-1404 [www.fivestarcpanies.com](http://www.fivestarcpanies.com)